

New or Repair of Headgates for Shareholders

“REQUEST FORM”

Date: _____

Shareholder Name: _____

Contact phone number during working hours: _____

Email address: _____

Water Share Certificate Number(s): _____

Address of Shareholder: _____

Address of headgate and work to be performed: _____

1. Please describe the work you are requesting: _____

2. Attach a map of the location of the headgate location related to the canal and owners' property to this form.

3. Will you be, or are you, the only shareholder on this headgate at this point? _____ YES, _____ NO.

If yes please provide the other shareholders related to the headgate: _____

4. Please attach any other diagrams, designs, maps, property boundary or aerial photos of the headgate you have to the request form.

Redlands Water and Power Company official use below:

Date received: _____, By: _____

Request for more information for: _____

Date and place to meet shareholder set for: _____

Action taken: _____

Cost estimate provided on date: _____ By: _____